



WILD ROCKIES
FIELD INSTITUTE

Adult Program Registration Form

Participant Information:

Name: _____ Preferred Pronouns: _____ Date of birth: __/__/____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ T-Shirt Size: _____

Course Title: _____

Course Dates: _____

Shoe Size (WRFI provides rubber boots for courses on the Missouri River): _____

How did you hear about WRFI? _____

Do you have any food allergies or restrictions?

Do you have any physical limitations or health conditions of which we should be aware?

While no prior experience is required, it is helpful for our instructors to know what your experience outdoors is. What is your experience hiking, camping, and paddling?

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Physical Address: _____



Signature Page

Please read each statement below carefully and initial in the space provided to the left of the statement. All of these documents can be found here.

- I have read, understand, and consent to:
Wild Rockies Field Institute's [Essential Eligibility Criteria](#).
- I have read, understand, and consent to:
Wild Rockies Field Institute's [Student Code of Conduct Agreement](#).
- I have read, understand, and consent to:
Wild Rockies Field Institute's [Photo Release \(optional\)](#).
- I have read, understand, and consent to:
Wild Rockies Field Institute's [Payment Schedule and Withdrawal Policy](#).
- I have read, understand, and consent to:
Wild Rockies Field Institute's [Course Cancellation and Modification Policy](#).

By signing below, I certify that the information I have provided on this application is accurate and complete, and I agree to the application policies in this document. Typed electronic signatures are acceptable.

Participant Name

Participant Signature

Date